

**DOMESTIC
LIMITED PARTNERSHIP**

STATE OF MAINE

**CERTIFICATE OF AMENDMENT
BY A MAJORITY IN INTEREST
OF THE LIMITED PARTNERS**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Partnership)

Pursuant to [31 MRSA §422.5](#), the undersigned the undersigned limited partnership executes and delivers the following amendment to the certificate of limited partnership prior to cancellation:

The name and business, residence or mailing address of each limited partner winding up the affairs of the limited partnership and making up a majority in interest of the limited partnership is:

Name

Address

☐ Names and addresses of additional limited partners are attached hereto as Exhibit ____, and made a part hereof.

DATED _____

Limited Partner(s)*

_____	_____
(signature)	(type or print name)
_____	_____
(signature)	(type or print name)
_____	_____
(signature)	(type or print name)

For Limited Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

*Certificate **MUST** be signed by:

- (1) a **majority in interest** of the **limited partners OR**
- (2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**